

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579056

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2				1			52						
3				1			53						
4				1			54						
5				1			55						
6				1			56						
7				1			57						
8				1			58						
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13				1			63						
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18	1		1				68						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↓		2	↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		16	←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS			18				TOTAL CLAIMS						